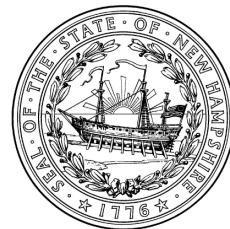


State of New Hampshire



WATER DIVISION
WASTEWATER ENGINEERING BUREAU
29 HAZEN DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-3908



APPLICATION FOR WAIVER OR EQUIVALENCY

Pursuant to: Env-Wq 800 - Sludge Management Rules

I. GENERAL INFORMATION

1. Name of Applicant: _____
Address: _____
_____ Zip: _____
Home Phone #: (____) _____
2. **Permit Information (if applicable):**
Name of Permittee: _____
Permit Number: _____
3. Section(s) or Rule(s) to which this waiver or equivalency determination is being sought:
Env-Wq _____ Env-Wq _____ Env-Wq _____

II. ADDITIONAL INFORMATION FOR WAIVERS

1. Explain why a waiver is necessary:

2. Explain the alternative(s), if any, you propose and provide supporting information (data) as necessary:

3. Provide a full explanation of how the alternative(s) for which the waiver is sought is consistent with the intent of RSA 485-A (Water Pollution and Waste Disposal) and RSA 485-C (Ground Water Protection Act).

4. Provide a full explanation of how the alternative(s) for which the waiver is sought will provide an equivalent level of protection of human health and the environment.

III. ADDITIONAL INFORMATION FOR EQUIVALENCY

1. Explain the alternative method(s) you propose and provide supporting data proving comparable accuracy and precision to the specified method(s):

2. Provide a full explanation of how the alternative(s) for which the waiver is sought will provide an equivalent level of protection of human health and the environment.

IV. **SIGNATURE REQUIREMENTS:** By signing this application, I hereby assert that all information herein is accurate and the owner of the site or facility (if applicable) is in full agreement to this waiver request.

Signature of Applicant

Date

SUBMIT TO:

NH Department of Environmental Services
Wastewater Engineering Bureau
Residuals Management Section
P.O. Box 95
Concord, NH 03302-0095

Questions? Please call:
(603) 271-7888